

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585134

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		6				
6		6				
7		10				
8		10				
9		3				
10		6				
11		6				
12		0				
13	1					
14		1				
15		10				
16		10				
17		10				
18		10				
19		6				
20		0				
21	1					
22		10				
23		10				
24	1					
25		1				
26		10				
27		10				
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						